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49437

OR

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Assignee Name and Address:
Roche Diagnostics Operations, Inc.
9115 Hague Road
Indianapolis, Indiana 46250

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Don Michael Young</i>	Date	<i>March 17, 2005</i>
Name	D. Michael Young	Telephone	317-521-7340
Title	Assistant Secretary		

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